

Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordar receives state reimbursement ex		,				•		
Due Dates All Routes				County Stober 1	Supt	To OPI October 15		Rate Per Mile \$1.57
County Name			County Number	Dis	strict 1	Name		Legal Entity Number
Stillwater			48			City Public Schools		0846 0847
Route #	Leng	th of Route	e (miles per day)	Тур	pe of	Service □ Bus Route Mil □ Non Bus Milea	•	Rated Capacity
2	43			Bu	us Ro	oute Mileage		71
Vehicle I.D. # 5615		License # 272		□ Co	ontrac	Owned Ct - If so, Name of Owner cted rate per mile	istrict Own	ed
Reimbursement Distribution- En	ter the	legal entit		ge of stat	te/cou	unty reimbursement to be pa	aid to each dis	trict. Note: Percentages
Legal Entity		Legal Enti		match bu	ıdget! gal Er		Legal Entit	v
0846		_	0847			•	Ü	
% 50.00		% 5	0.00	(%		%	
PASSENGER INFORMATION		70 3	0.00		70		70	
Number of Preschool/Kindergart riding this route	ten pu	pils	ELEMENTARY RID (Grades PK-8)			HIGH SCHOOL RII (Grades 9-12)		TOTAL ELIGIBLE RIDERS
	a NUMBER			b	b NUMBER			
Regular (include eligible Preschool/Kindergarten			NOWBER			NOWIDER		a + b
1st Wheelchair (WC)	riders) 1st Wheelchair (WC)							
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service	9						
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., to miles OR nonresident and no attendated agreement) (Include ineligible Preschool/Kinderg	ance							
Nonpublic School Riders (ineligible)	arterri	ueis)						
TOTAL RIDERS								
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.							A. Superintendent as are and the State and county reimbursement for 10-126(2) MCA, signed by	
I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.								
Signature - Chair, Board of Trustees								
County T This Application for Registration area assigned to it by the Count	of Sch	nool Bus a	nd State Reimbursemen			accordance with Section 2 viewed and I certify that this		
Signature - Chair, County Transporta	_	•					Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required	d in accordance	with Title 2	20, Chapter 10, Part	1, MCA.	School dis	strict official r	nust complete o	one form for ea	ach bus route that
receives state reimb		though tra	nsportees of another	-					Rate Per Mile
	Due Dates: All Routes			To Co Octob	unty Supt er 1	i	To OPI October 15		\$1.36
County Name			County Number	er	District	Name			Legal Entity Number
Stillwater			48		Park (City Public	Schools		0846 0847
Route #	Le	ngth of Ro	ute (miles per day)		Type of		Bus Route Mil Non Bus Milea	-	Rated Capacity
1	54				Bus R	oute Milea	age	66	
Vehicle I.D. #		License	#	☐ District Owned ☐ Contract - If so, Name of Owner					ed
1574		108			□ Contra	cted rate per	mile		
Reimbursement Dis	tribution- Enter t	the legal er			of state/co tch budget		sement to be pa	aid to each dis	strict. Note: Percentages
Legal Entity 0846		Legal E			Legal E			Legal Entit	у
			0047						
% 50.00		%	50.00		%			%	
PASSENGER INFO	RMATION		ELEMENTAR	RY RIDER	RS.	НІС	H SCHOOL RII	DERS	TOTAL
Number of Preschool riding this route	ol/Kindergarten	pupils	(Grades	.0		(Grades 9-12)		ELIGIBLE RIDERS	
			a NUMBER			b NUMBER			c a+b
Regular (include eligible Preschool/Kindergarten riders)			NOMBER				NOMBER		a i b
1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs	s (WC)								
Non-WC IEP Lists Tran	ns as Related Serv	vice							
TOTAL ELIGIBLE F	RIDERS								
Ineligible Public Schoo miles OR nonresident									
agreement) (Include ineligible Pres									
Nonpublic School Ride	ers (ineligible)								
TOTAL RIDERS									
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.								A. Superintendent as are and the State and county reimbursement for 10-126(2) MCA, signed by	
I certify that this app	I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.								
Signature - Chair, Board of Trustees Date							millice.		
	County Tran	sportation	n Committee Appro	val as re	guired in	accordance	with Section 2	20-10-132. MC	
This Application for area assigned to it be	Registration of S	School Bus	and State Reimburg						within the transportation
Signature - Chair, Cou	<u> </u>							Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordareceives state reimbursement e							one form for e	ach bus route that
	ŭ	ransportees or a	· ·	, ,				Rate Per Mile
Due Date All Routes			Octobe	unty Supt er 1		To OPI October 15		\$1.15
County Name		County N	lumber	District	Name			Legal Entity Number
Stillwater		48		Colum	nbus Pub	olic Schools		0848 0849
Route #	Length of F	Route (miles per	day)			□ Bus Route Mil		Rated Capacity
2	82.6			Bus R	oute Mile	□ Non Bus Milea	age	54
Vehicle I.D. #	Licen	se#		District	Owned		District Owr	ned
7971	3				ct - If so, N cted rate p	lame of Owner er mile		
Reimbursement Distribution- Er	nter the legal	entity number ar				ursement to be pa	aid to each dis	strict. Note: Percentages
Legal Entity	Lega	I Entity	must mate	Legal E			Legal Enti	ty
0848		0849						
% 61.00	%	39.00		%			%	
PASSENGER INFORMATION	70	00.00		70			70	
Number of Preschool/Kindergar	ten pupils		NTARY RIDER: rades PK-8)	S	Н	IGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS
riding this route								
			a NUMBER			b NUMBER		c a + b
Regular (include eligible Preschool/l riders)	Kindergarten							
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attended)								
agreement) (Include ineligible Preschool/Kinderg	arten riders)							
Nonpublic School Riders (ineligible)	,							
TOTAL RIDERS								
We hereby certify that this bus w County Transportation Committee. We agree to supervision of this b required; to provide a vehicle which Superintendent; and to provide a lice We also agree to refrain from sol We understand that violations of this bus route. We agree that if this route crosse the school boards of both districts sl We understand route changes of accordance with 20-10-132, MCA.	We further cer us and bus roo meets the min ensed, qualifie iciting or causi the laws, rules es district lines hall be attache ccurring during	tify that this bus tra ute by the State Su imum standards as d and approved dri- ing others to solicit or regulations gov- and transports stud d to the county sup the school year re-	nsports pupils elig perintendent; to m established by the ver to operate suc students from othe erning school tran- dents from outside erintendent's copy quire the filing of a	ible for sch lake such re e Board of h vehicle a er transport sportation v the district of this doc an amended	pool transpore ports to the Public Educe s required be tation areas. will be suffice t, a copy of the tation transport to the tation areas. TR-1 form	tation as defined by State Superintende action, the Montana by 20-10-103, MCA. ient cause for withhehe agreement between and approval of the	20-10-101, MC ent and County Highway Patrol olding of state a een Boards, 20- County Transp	A. Superintendent as are and the State Ind county reimbursement for 10-126(2) MCA, signed by ortation Committee in
I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.								
Signature - Chair, Board of Trustees	3						Date	
County This Application for Registration area assigned to it by the County	of School B	us and State Rei				ce with Section 2 d I certify that this		
Signature - Chair, County Transport							Date	
							İ	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement e						one form for ea	ach bus route that			
Due Date All Routes				County Suprober 1	t To OPI October 15		Rate Per Mile \$0.95			
County Name			County Number	District	Name		Legal Entity Number			
Stillwater			48	Colun	nbus Public Schools		0848 0849			
Route #	Length	of Route (miles per day)	Type of	f Service □ Bus Route Mi □ Non Bus Mile	•	Rated Capacity			
7	80			Bus R	Route Mileage	35				
Vehicle I.D. #	Lie	cense #		□ District Owned □ District Owned						
8690	28	8		□ Contract - If so, Name of Owner□ Contracted rate per mile						
Reimbursement Distribution- Er	nter the le	egal entity		e of state/co		aid to each dis	trict. Note: Percentages			
Legal Entity 0848	Le	egal Entity		Legal E		Legal Entity	у			
0040										
% 100.00		%		%		%				
PASSENGER INFORMATION			ELEMENTA DV DID		LUQUI QQUIQQU BI	DED0	TOTAL			
Number of Preschool/Kindergal riding this route	s	ELEMENTARY RIDI (Grades PK-8)	ERS	HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS				
			a NUMBER		b NUMBER		c a + b			
Regular (include eligible Preschool/Kindergarten			NOWBER		NOMBER		a + b			
riders) 1st Wheelchair (WC)										
2nd Wheelchair (WC)										
Additional Wheelchairs (WC)										
Non-WC IEP Lists Trans as Related	Service									
TOTAL ELIGIBLE RIDERS										
Ineligible Public School Riders (i.e., miles OR nonresident and no attendagreement) (Include ineligible Preschool/Kinders Nonpublic School Riders (ineligible)	dance garten ride	ers)								
TOTAL RIDERS										
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Signature - Chair, Board of Trustees						Date				
This Application for Registration area assigned to it by the Coun	n of Schoot ty Transp	ol Bus and oortation C	State Reimbursement		accordance with Section action action action action actions and I certify that this					
Signature - Chair, County Transport	ation Com	mittee				Date				



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

		"11 00 (01 1 10 0 11 1101						
This form is required in acco receives state reimbursemer						complete one for	m for eac	ch bus route that	
	· ·	. a.aop	ŭ	, ,			R	ate Per Mile	
Due Da All Rou				ounty Sup		PI ber 15	¢	1.36	
All Not	1103		Ocio	DEI I	Octo	bei 15	Ψ	1.50	
County Name			County Number	Distric	Name		L	_egal Entity Number	
Stillwater			10	Colu	mbua Dublia Ca	boolo		0040 0040	
Route #	I ength o	f Route	(miles per day)		nbus Public Sc f Service Bus	Route Mileage		0848 0849 Rated Capacity	
			(······oo por day)	. , , , ,		Bus Mileage			
3	69.2			Bus F	Route Mileage			<u> </u>	
Vehicle I.D. #	Lice	ense #		☐ District Owned ☐ District Owned ☐ Contract - If so, Name of Owner					
7369	21	4			act - If so, Name of acted rate per mile	Owner			
Reimbursement Distribution-	Enter the lea	al entity	number and percentage		•	nt to be naid to e	ach dietr	ict Note: Percentages	
Reinbursement Distribution-	- Liller the leg	ai C ililly		atch budge		iii to be paid to e	acii uisti	ici. Note. Percentages	
Legal Entity	Leç	gal Entity		Legal I	Entity	Leg	gal Entity		
0848		Ü	849						
.,									
% 53.00		% 47	.00	%			%		
PASSENGER INFORMATION)N		ELEMENTARY RIDE	RS	HIGH SO	HOOL RIDERS		TOTAL	
Number of Preschool/Kinder	garten pupils		(Grades PK-8)	-1.0		ades 9-12)		ELIGIBLE RIDERS	
riding this route									
			a		b			С	
Danulas (is aluda aliaible Decab	NUMBER	NUMBER NUMBER				a + b			
Regular (include eligible Preschool/Kindergarten riders)							- 1		
1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Rela	ated Service								
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i miles OR nonresident and no att							- 1		
agreement)							- 1		
(Include ineligible Preschool/Kine Nonpublic School Riders (ineligit		5)							
TOTAL RIDERS									
TOTAL RIDERS							- 1		
We hereby certify that this bu	ıs will operate ei	ntirely on	the route established by the	e Board of Ti	ustees and within the	transportation area	a assigned	and approved by the	
County Transportation Committee We agree to supervision of the	ee. We further o	ertify that	t this bus transports pupils e	eligible for so	hool transportation as	defined by 20-10-	101, MCA.		
required; to provide a vehicle wh	nich meets the m	ninimum s	standards as established by	the Board o	f Public Education, the	e Montana Highway			
Superintendent; and to provide a We also agree to refrain from						103, MCA.			
We understand that violations						se for withholding o	f state and	I county reimbursement for	
this bus route. We agree that if this route cro						ement between Boa	ards, 20-10	0-126(2) MCA, signed by	
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bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees Date									
Coun	ty Transporta	ation Co	ommittee Approval as i	required in	accordance with	Section 20-10-1	132, MCA	٨.	
This Application for Registra				has been r	eviewed and I certi	fy that this bus o	perates v	vithin the transportation	
area assigned to it by the Co Signature - Chair, County Transp			JOHIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII			Date			
, ,									



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is requir	ed in accordanc	ce with Title	20, C	Chapter 10, Part 1, MCA	A. S	School dis	strict official	must complete	one form for e	ach bus route that
receives state rein		en though tra	anspo	ortees of another legal of		, ,				Rate Per Mile
	Due Dates: All Routes			To C Octo		nty Supt r 1		To OPI October 15		\$1.36
County Name				County Number		District	Name			Legal Entity Number
Stillwater				48		Colum	bus Pub	lic Schools		0848 0849
Route #	L	Length of R	oute ((miles per day)		Type of		□ Bus Route Mi□ Non Bus Mile	5 -	Rated Capacity
5	7	74.2				Bus R	oute Mile		aye	66
Vehicle I.D. #		Licens	e #		☐ District Owned ☐ Contract If an Name of Owner					
9937		6			 Contract - If so, Name of Owner Contracted rate per mile 					
Reimbursement D	istribution- Ente	er the legal of	entity			f state/co h budget		irsement to be p	aid to each dis	strict. Note: Percentages
Legal Entity		Legal		1	iaic	Legal E			Legal Enti	ty
0848			08	349						
% 64.00		%	36.0	00		%			%	
PASSENGER INF	ORMATION									
Number of Preschool/Kindergarten pupils riding this route				ELEMENTARY RIDI (Grades PK-8)	ERS	5	HI	GH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS
				a NUMBER			b NUMBER			C
Regular (include eligible Preschool/Kindergarten				NUMBER	NUMBER			NUMBER		a + b
riders) 1st Wheelchair (WC)										
2nd Wheelchair (WC	:)									
Additional Wheelcha	irs (WC)									
Non-WC IEP Lists Tr	rans as Related Se	ervice								
TOTAL ELIGIBLE	RIDERS									
Ineligible Public Scho miles OR nonresider										
agreement) (Include ineligible Pre	eschool/Kindergar	rten riders)								
Nonpublic School Ric	ders (ineligible)									
TOTAL RIDERS										
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	or Registration of	of School Bu	ıs and	State Reimbursement						SA. s within the transportation
area assigned to it Signature - Chair, Co				ommittee.					Date	
,									ĺ	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordar receives state reimbursement ev									
Due Dates All Routes	::			ounty Supt ber 1	To OPI October 15		Rate Per Mile \$1.36		
County Name		Со	unty Number	District	Name		Legal Entity Number		
Stillwater		48			nbus Public Schools		0848 0849		
Route #	Length of R	oute (mile	es per day)	Type of	f Service ☐ Bus Route Mi ☐ Non Bus Mile	3 -	Rated Capacity		
1	64.8			Bus R	toute Mileage		66		
Vehicle I.D. # 6144	Licens 53	se #		 □ District Owned □ Contract - If so, Name of Owner □ Contracted rate per mile					
Reimbursement Distribution- En		entity num	ber and percentage		aid to each dis	trict. Note: Percentages			
Legal Entity		Entity		atch budget Legal E	1	Legal Entit			
0848	Logar	0849		Logai L	·······y	Logar Linux	,		
% 73.00	%	27.00		%		%			
PASSENGER INFORMATION	_		L EMENTA DV DIDE	-		DEDO	TOTAL		
Number of Preschool/Kindergart riding this route	E	LEMENTARY RIDE (Grades PK-8)	:KS	HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS			
		a NUMBER	b NUMBER		c a + b				
Regular (include eligible Preschool/Kindergarten riders)			NOMBER		Nomber		u · s		
1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related	Service								
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e., umiles OR nonresident and no attenda agreement) (Include ineligible Preschool/Kinderg	ance								
Nonpublic School Riders (ineligible)	arteri riders)								
TOTAL RIDERS									
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I certify that this application for re	I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.								
Signature - Chair, Board of Trustees	r. 0.00 by al	************ (I	.c acaroportation se	. 1100 0100 0	essence by the county fram	Date			
County T This Application for Registration area assigned to it by the County	of School Bu	is and Sta	ite Reimbursement		accordance with Section 2 eviewed and I certify that this				
Signature - Chair, County Transporta						Date			



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

receives state reimbursement e Due Dates All Routes	ven thou s:		ortees of another le	gal entity	y may utilize nty Supt			F	ch bus route that Rate Per Mile \$1.57	
County Name			County Number		District Nan	ne			Legal Entity Number	
Stillwater			48		Columbu	s Public Scho	ols		0848 0849	
Route #	Length	of Route	(miles per day)		Type of Ser				Rated Capacity	
6	39.6				Due Deut	□ Non Bu	ıs Mileage		72	
Vehicle I.D. #		icense #			Bus Route Mileage 72 □ District Owned District Owned					
0005				□ Contract - If so, Name of Owner						
6995		179				rate per mile				
Reimbursement Distribution- Er	nter the l	egal entity			state/county n budget!	reimbursement t	o be paid	to each dist	rict. Note: Percentages	
Legal Entity	L	egal Entit	у		Legal Entity			Legal Entity	1	
0848		U	849							
% 68.00	% 68.00 % 32.00				%			%		
PASSENGER INFORMATION										
Number of Preschool/Kindergarten pupils riding this route			ELEMENTARY (Grades Ph		3	HIGH SCHC (Grade	OOL RIDE s 9-12)	RS	TOTAL ELIGIBLE RIDERS	
			a NUMBER	R			b IBER		c a + b	
Regular (include eligible Preschool/Kindergarten riders)									u 2	
1st Wheelchair (WC)										
2nd Wheelchair (WC)										
Additional Wheelchairs (WC)										
Non-WC IEP Lists Trans as Related	Service									
TOTAL ELIGIBLE RIDERS										
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement) (Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	lance	ers)								
TOTAL RIDERS										
TOTAL RIDLERS										
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the							d county reimbursement for 0-126(2) MCA, signed by			
bus operates on the route as ap	ous operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.									
Signature - Chair, Board of Trustees	S						D	ate		
This Application for Registration area assigned to it by the Count	of School ty Trans	ool Bus and portation C								
Signature - Chair, County Transports	ation Con	nmittee					D	ate		



Office of Public Instruction Linda McCulloch, Superintendent PO Box 202501

Combined School District Application for Registration of School Bus & State Reimbursement

1 copy State Supt. 1 copy County Supt.

1 copy School District Helena, MT 59620-2501 School Year 2003 - 2004 This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** All Routes October 1 October 15 \$0.95 County Name County Number District Name Legal Entity Number Stillwater Columbus Public Schools 0848 0849 48 Type of Service □ Bus Route Mileage Route # Length of Route (miles per day) Rated Capacity □ Non Bus Mileage 39.4 48 Bus Route Mileage Vehicle I.D. # License # **District Owned** □ District Owned □ Contract - If so, Name of Owner 5270 186 □ Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0848 0849 % % % 90.00 % 10.00 PASSENGER INFORMATION **ELEMENTARY RIDERS** HIGH SCHOOL RIDERS **TOTAL** Number of Preschool/Kindergarten pupils (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** riding this route С **NUMBER** NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the

County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.

We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.

We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.

We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by

the school boards of both districts shall be attached to the county superintendent's copy of this document.

We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA

I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee Signature - Chair, Board of Trustees Date

County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee	Date



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordance v					one form for ea	ach bus route that		
receives state reimbursement even the	though transpo	· ·				Rate Per Mile		
Due Dates: All Routes			county Supt ober 1	To OPI October 15		\$1.15		
County Name		County Number	District	Name		Legal Entity Number		
Stillwater		48	Colum	bus Public Schools		0848 0849		
Route # Len	ngth of Route	(miles per day)	Type of	Service Bus Route M Non Bus Mile	3 -	Rated Capacity		
2 A 90	.6		Bus R	oute Mileage	aye	54		
Vehicle I.D. #	License #		☐ District Owned ☐ District Owned					
7971	3		□ Contract - If so, Name of Owner □ Contracted rate per mile					
Reimbursement Distribution- Enter th	he legal entity		e of state/co		oaid to each dis	trict. Note: Percentages		
Legal Entity	Legal Entity		Legal E		Legal Entity	у		
0848	30	349						
% 61.00	% 39.	00	%		%			
PASSENGER INFORMATION			7.					
Number of Preschool/Kindergarten p riding this route	oupils	ELEMENTARY RIDE (Grades PK-8)	ERS	HIGH SCHOOL R (Grades 9-1)		TOTAL ELIGIBLE RIDERS		
		а		b NI IMPER		C		
Regular (include eligible Preschool/Kinder	rgarten	NUMBER		NUMBER		a + b		
riders) 1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related Servi	ice							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., under miles OR nonresident and no attendance	r 3							
agreement) (Include ineligible Preschool/Kindergarten	riders)							
Nonpublic School Riders (ineligible)								
TOTAL RIDERS								
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This Application for Registration of S	school Bus and	d State Reimbursement						
area assigned to it by the County Tra Signature - Chair, County Transportation (ommittee.			Date			



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement e							one form for e	ach bus route that	
Due Dates All Routes				Cou ctober	nty Supt	To OPI October 15		Rate Per Mile \$0.95	
County Name			County Number		District	Name		Legal Entity Number	
Stillwater			48		Reedp	point Public Schools		0850 0851	
Route #	Lengt	th of Route	e (miles per day)		Type of	Service Bus Route Mil Non Bus Milea	-	Rated Capacity	
1A	100				Bus R	oute Mileage	ige	^{ge} 36	
Vehicle I.D. #		License #			District		istrict Own	ed	
1171		284		□ Contract - If so, Name of Owner □ Contracted rate per mile					
Reimbursement Distribution- Er	iter the	legal entit		er and percentage of state/county reimbursement to be must match budget!				strict. Note: Percentages	
Legal Entity 0850		Legal Ent			Legal E		Legal Entit	ty	
0830									
% 60.00		% 4	0.00		%		%		
PASSENGER INFORMATION			ELEMENTARY RI	DEDC	`	HIGH SCHOOL RI	DEDC	TOTAL	
Number of Preschool/Kindergar riding this route	(Grades PK-8		•	(Grades 9-12		ELIGIBLE RIDERS			
		a NUMBER			b NUMBER		c a+b		
Regular (include eligible Preschool/Kindergarten riders)			NOMBER			HOMBER			
1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related	Service	;							
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement)	ance								
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	jarten no	ders)							
TOTAL RIDERS									
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g.rata.o onan, board or musicos							24.0		
This Application for Registration area assigned to it by the Count	of Sch y Trans	nool Bus a sportation	nd State Reimburseme			accordance with Section 2 eviewed and I certify that this			
Signature - Chair, County Transport	ation Co	mmittee					Date		



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required	in accordance	with Title	20, Chapter 10, Par	t 1, MCA.	School dis	strict official r	nust complete c	one form for ea	ach bus route that	
receives state reimbu		though tra	insportees of anothe	•					Rate Per Mile	
	Due Dates: All Routes			Octob	ounty Supt per 1		To OPI October 15		\$0.95	
County Name			County Numb	er	District	Name			Legal Entity Number	
Stillwater			48		Reed	oint Publi	c Schools		0850 0851	
Route #	Le	ength of Ro	oute (miles per day)		Type of		Bus Route Mil Non Bus Milea		Rated Capacity	
2A	59			Bus Route Mileage				48		
Vehicle I.D. #		License	e #	☐ District Owned☐ Contract - If so, Name of Owner☐				District Own	ed	
8475		138	Contracted rate per mile							
Reimbursement Distr	ribution- Enter t	the legal e	ntity number and pe		of state/co		sement to be pa	aid to each dis	trict. Note: Percentages	
Legal Entity 0850		Legal I	Entity 0851		Legal E			Legal Entit	у	
			0031							
% 60.00		%	40.00		%			%		
PASSENGER INFOR	RMATION		ELEMENTA	RY RIDEI	RS	HIG	H SCHOOL RII	DERS	TOTAL	
Number of Preschoo riding this route	l/Kindergarten	pupils		s PK-8)		1110	(Grades 9-12)		ELIGIBLE RIDERS	
			a NUMBER			b NUMBER			c a+b	
Regular (include eligible Preschool/Kindergarten riders)			NOWDER				NOMBER		a · b	
1st Wheelchair (WC)										
2nd Wheelchair (WC)										
Additional Wheelchairs	(WC)									
Non-WC IEP Lists Trans	s as Related Serv	vice								
TOTAL ELIGIBLE R	IDERS									
Ineligible Public School miles OR nonresident a										
agreement) (Include ineligible Presc										
Nonpublic School Rider	s (ineligible)									
TOTAL RIDERS										
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bus operates on the	I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.									
Signature - Chair, Board of Trustees Date										
This Application for F area assigned to it by	Registration of S	School Bus							A. within the transportation	
Signature - Chair, Coun								Date		



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordance receives state reimbursement even					one form for e	ach bus route that	
Due Dates: All Routes			ounty Supt	To OPI October 15		Rate Per Mile \$0.95	
County Name		County Number	District	Name		Legal Entity Number	
Stillwater		48	Fishta	il Elementary		0853	
Route # Lei	ngth of Route	(miles per day)	Type of	Service Bus Route Mi	•	Rated Capacity	
1 52	2		Bus R	□ Non Bus Mile coute Mileage	age	48	
Vehicle I.D. #	License #		□ District	Owned (Contractor (
3966	C692			ct - If so, Name of Owner (cted rate per mile	Clark's Bus	Service	
Reimbursement Distribution- Enter t	the legal entit		e of state/co atch budget		aid to each dis	strict. Note: Percentages	
Legal Entity 0853	Legal Enti		Legal E		Legal Entit	zy	
% 100.00	%		%		%		
PASSENGER INFORMATION	70		/0				
Number of Preschool/Kindergarten priding this route	pupils	ELEMENTARY RIDE (Grades PK-8)	ERS	HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS	
				b NUMBER		c a+b	
Regular (include eligible Preschool/Kinde	ergarten	NUMBER	NOMBER		a + b		
riders) 1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related Serv	vice						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., unde miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarter Nonpublic School Riders (ineligible)	•						
TOTAL RIDERS							
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This Application for Registration of S	School Bus ar	nd State Reimbursement		accordance with Section 2 eviewed and I certify that this			
area assigned to it by the County Tra Signature - Chair, County Transportation		Committee.			Date		



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

									•	
		even thous			gal entit	ty may ut I nty Supt	ilize the ser		one form for e	ach bus route that Rate Per Mile \$0.95
County Name				County Number		District	Name			Legal Entity Number
Stillwater				48		Rapel	je Public	Schools		0858 0859
Route #		Length	n of Route	e (miles per day)			Service	□ Bus Route Mil		Rated Capacity
3		79.2				Bus R	oute Mile	□ Non Bus Milea	age	30
Vehicle I.D. #		L	icense #			District	Owned		istrict Owr	ied
5899		2	220				ct - If so, Na cted rate pe	ame of Owner er mile		
Reimbursement D	istribution- Er	nter the l	egal enti			f state/co h budget		ursement to be pa	aid to each dis	strict. Note: Percentages
Legal Entity 0858	1	L	_egal Ent		iot mate	Legal E			Legal Entir	ty
% 54.00)		% 4	6.00		%			%	
PASSENGER INF										
Number of Presch riding this route	Number of Preschool/Kindergarten pupils riding this route			ELEMENTARY (Grades Pk		3	HI	IGH SCHOOL RII (Grades 9-12)		TOTAL ELIGIBLE RIDERS
				a NUMBER			b NUMBER			c a + b
Regular (include elig	jible Preschool/k	Kindergar	ten	HOMBER				NOWBER		u · p
1st Wheelchair (WC))									
2nd Wheelchair (WC	()									
Additional Wheelcha	irs (WC)									
Non-WC IEP Lists T	rans as Related	Service								
TOTAL ELIGIBLE	RIDERS									
Ineligible Public Sch miles OR nonresider										
agreement) (Include ineligible Pr	eschool/Kinderg	garten ride	ers)							
Nonpublic School Ri	ders (ineligible)									
TOTAL RIDERS										
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				nool bus and state rei rithin the transportation						edge and belief, and the mmittee.
Signature - Chair, Bo	oard of Trustees	<u> </u>							Date	
This Application for area assigned to i	or Registration	n of Scho	ool Bus a							CA. s within the transportation
Signature - Chair, Co									Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

), Chapter 10, Part 1, sportees of another le						
	Due Dates	: :			To Cou	inty Supt	:	То ОРІ		Rate Per Mile
	All Routes				Octobe	er 1		October 15		\$0.95
County Name	County Name					District	Name			Legal Entity Number
Stillwater				48		Rapel	je Public	Schools		0858 0859
Route #		Length	n of Rou	te (miles per day)			Service	☐ Bus Route Mil		Rated Capacity
2		115.8	3			Bus R	oute Mile	□ Non Bus Milea age	age	19
Vehicle I.D. #		Li	icense i	‡		District			istrict Own	ed
2453		1	106				ct - if so, iva	ame of Owner er mile		
Reimbursement D	istribution- Ent	ter the le	egal en					rsement to be pa	aid to each dis	strict. Note: Percentages
Legal Entity		L	_egal Er	ntity	iust mato	h budget Legal E			Legal Entit	у
0858				0859						
% 54.00	1		%	46.00		%			%	
PASSENGER INF										_
Number of Presch riding this route	Number of Preschool/Kindergarten pupils riding this route			ELEMENTARY (Grades P		S	HI	GH SCHOOL RII (Grades 9-12)		TOTAL ELIGIBLE RIDERS
				a			b			С
Regular (include elig	ible Preschool/K	indergart	ten	NUMBER NUM			NUMBER		a + b	
riders) 1st Wheelchair (WC))									
2nd Wheelchair (WC	5)									
Additional Wheelcha	irs (WC)									
Non-WC IEP Lists Tr	rans as Related	Service								
TOTAL ELIGIBLE	RIDERS									
Ineligible Public Scho										
miles OR nonresider agreement) (Include ineligible Pro			oro)							
Nonpublic School Ric		arteri nue	<u> </u>							
TOTAL RIDERS										
County Transportation We agree to supe	on Committee. Vervision of this bu	Ve furthe us and bu	er certify t us route t	on the route established hat this bus transports p by the State Superintend	oupils elig dent; to m	ible for sch ake such r	ool transporta	ation as defined by State Superintende	20-10-101, MC ent and County S	A. Superintendent as are
Superintendent; and We also agree to We understand th	to provide a lice refrain from solid	nsed, qu citing or o	ialified ar	m standards as establish ad approved driver to op- others to solicit students regulations governing sc	erate such	h vehicle a er transpor	s required by ation areas.	20-10-103, MCA.	3	and the State nd county reimbursement for
this bus route. We agree that if this route crosses district lines and transports students from the school boards of both districts shall be attached to the county superintende. We understand route changes occurring during the school year require the f accordance with 20-10-132, MCA.						of this do	cument.	· ·	,	() , , , ,
I certify that this a	pplication for re									edge and belief, and the
Signature - Chair, Bo		proved t	by and t	within the transportati	ion servi	ce aita a	ssigned by	ine County Trans	Date Date	mmuee.
This Application for area assigned to it	or Registration	of Scho	ool Bus							CA. within the transportation
Signature - Chair, Co	ounty Transporta	tion Con	nmittee						Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordar receives state reimbursement evaluations.							
Due Dates All Routes			County Suprober 1	t To OPI October 15		Rate Per Mile \$0.95	
County Name County Number				District	Name		Legal Entity Number
Stillwater			48		je Public Schools		0858 0859
Route #	Length o	f Route	(miles per day)	Type of	f Service □ Bus Route M □ Non Bus Mile	•	Rated Capacity
4	124			Bus R	Route Mileage	_	41
Vehicle I.D. # 5053	Lice 66	ense #			t Owned I act - If so, Name of Owner acted rate per mile	District Own	ed
Reimbursement Distribution- En		al entity	number and percentage			paid to each dis	trict. Note: Percentages
Legal Entity	_	gal Entity	must m	atch budget Legal E	t!	Legal Entit	
0858			359		•	3.	
% 54.00		% 46.	00	%		%	
PASSENGER INFORMATION	-	70 40.				70	
Number of Preschool/Kindergard riding this route	ten pupils		ELEMENTARY RIDE (Grades PK-8)	ERS	HIGH SCHOOL R (Grades 9-12		TOTAL ELIGIBLE RIDERS
					b NUMBER		c a + b
Regular (include eligible Preschool/Kindergarten riders)			NUMBER	NOMBER		u · b	
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related	Service						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., miles OR nonresident and no attendagreement) (Include ineligible Preschool/Kinderg	ance)					
Nonpublic School Riders (ineligible)							
TOTAL RIDERS							
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I certify that this application for r bus operates on the route as ap	0				•	,	· · · · · · · · · · · · · · · · · · ·
Signature - Chair, Board of Trustees		and will	are adhopertation se	1100 0100 6	accigned by the county Hai	Date	
County T This Application for Registration area assigned to it by the Count	of School	Bus and	d State Reimbursement		accordance with Section eviewed and I certify that thi		
Signature - Chair, County Transporta						Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement e							one form for ea	ach bus route that
Due Dates All Routes				County tober 1	Supt	To OPI October 15		Rate Per Mile \$0.95
County Name			County Number	Dis	strict I	Name		Legal Entity Number
Stillwater			48	Ra	apelj	e Public Schools		0858 0859
Route #	Length	h of Route	(miles per day)	Тур	pe of	Service Bus Route Mil Non Bus Milea		Rated Capacity
1	135			Вι	us R	oute Mileage	ige	36
Vehicle I.D. #	L	icense #					istrict Own	ed
1405	2	273				ct - If so, Name of Owner cted rate per mile		
Reimbursement Distribution- En	iter the I	legal entity		ge of stat match bu			aid to each dis	trict. Note: Percentages
Legal Entity	L	Legal Entit	ty		gal Er		Legal Entit	у
0858			0859					
% 54.00		% 46	3.00		%		%	
PASSENGER INFORMATION			ELEMENTA DV DID	2500		LIIOLL COLLOCK DI	2500	TOTAL
Number of Preschool/Kindergar riding this route	ten pupi	ils	ELEMENTARY RID (Grades PK-8)			HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS
			a NUMBER			b NUMBER		c a+b
Regular (include eligible Preschool/h	Kindergar	rten	NOMBER			NOWBER		a i b
riders) 1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement)	ance							
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	jarten rid	ers)						
TOTAL RIDERS								
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees								A. Superintendent as are and the State and county reimbursement for 10-126(2) MCA, signed by ortation Committee in edge and belief, and the
						accordance with Section 2		
This Application for Registration area assigned to it by the Count	y Trans	portation (nt has be	en re	viewed and I certify that this	bus operates	within the transportation
Signature - Chair, County Transporta	ation Cor	mmittee					Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement e		,			•		
Due Date All Routes				County Sup ober 1	t To OPI October 15		Rate Per Mile \$1.57
County Name			County Number	District	Name		Legal Entity Number
Stillwater			48		okee Public Schools		0861 0862
Route #	Leng	th of Route	(miles per day)	Type o	f Service Bus Route Mi Non Bus Mile	0	Rated Capacity
1	114			Bus F	Route Mileage		71
Vehicle I.D. # 0765		License # 291			ct - If so, Name of Owner	District Own	ed
Reimbursement Distribution- Er			, number and percentage		cted rate per mile	aid to each die	trict Note: Percentages
	iter trie		must n	natch budge	t!		
Legal Entity 0861		Legal Entit	ty 9862	Legal E	ntity	Legal Entit	у
% 50.00		% 50	0.00	%		%	
PASSENGER INFORMATION			EL EMENTA DV DID	ED0	LUCULOGUESI DI	DEDO	TOTAL
Number of Preschool/Kindergar riding this route	ten pur	pils	ELEMENTARY RID (Grades PK-8)	ERS	HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS
			a NUMBER		b NUMBER		c a+b
Regular (include eligible Preschool/liriders)	Kinderga	arten	NOWIDER		NOMBER		a · b
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related	Service	;					
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement)	lance						
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)		ders)					
TOTAL RIDERS							
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I certify that this application for bus operates on the route as ap							
Signature - Chair, Board of Trustees						Date	
County This Application for Registration area assigned to it by the County	of Sch	nool Bus an	nd State Reimbursement		accordance with Section 2 eviewed and I certify that this		
Signature - Chair, County Transport	-					Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordareceives state reimbursement e							one form for e	ach bus route that
		igii tialispi	· ·	, ,				Rate Per Mile
Due Date All Routes			To Co Octol	ounty Supt per 1	i	To OPI October 15		\$1.57
County Name			County Number	District	Name			Legal Entity Number
Stillwater			48	Absar	okee Pu	blic Schools		0861 0862
Route #	Length	of Route	(miles per day)			☐ Bus Route Mil		Rated Capacity
3	96			Bus R	oute Mile	□ Non Bus Milea	age	71
Vehicle I.D. #	Li	icense #		□ District	Owned		District Owr	ned
0767	2	93			ct - If so, N cted rate p	lame of Owner per mile		
Reimbursement Distribution- Er	nter the le	egal entity				oursement to be pa	aid to each di	strict. Note: Percentages
Legal Entity	L	egal Entity	у	tch budget Legal E			Legal Enti	ty
0861		08	862					
% 50.00		% 50	.00	%			%	
PASSENGER INFORMATION	_							
Number of Preschool/Kindergal riding this route	rten pupil	ls	ELEMENTARY RIDE (Grades PK-8)	RS	H	IIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS
			a NUMBER			b NUMBER		c a+b
Regular (include eligible Preschool/liriders)	Kindergart	ten						
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attendagreement)								
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)		ers)						
, , ,								
TOTAL RIDERS								
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I certify that this application for bus operates on the route as ap	•					•	•	
Signature - Chair, Board of Trustees		•				•	Date	
County This Application for Registration area assigned to it by the Coun	n of Scho	ool Bus and						
Signature - Chair, County Transport			ommittee.				Date	
							1	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

					_					
				Chapter 10, Part 1, MCA ortees of another legal o					one form for e	ach bus route that
receives state reiiii	bursement ever	ii tilougii ti	anspo	ortees of another legal t	Cillity	illay ut	IIIZE IIIE SEI	vices.		Rate Per Mile
	Due Dates:					ity Supt		To OPI		
	All Routes			Octo	ober	1		October 15		\$1.57
County Name				County Number		District	Name			Legal Entity Number
•				•				l: 0 l l		
Stillwater Route #	11	enath of R	Poute i	48 (miles per day)				lic Schools ☐ Bus Route Mi	leage	0861 0862 Rated Capacity
Noute #	-	-crigar or r	toute	(mics per day)		i ype oi		☐ Bus Route Mile☐ Non Bus Mile	U	Nated Capacity
2	6	86				Bus R	oute Mile	age	•	71
Vehicle I.D. #		Licens	se#		_	District			District Own	ied
0766		289					ct - If so, Na cted rate pe	ame of Owner		
	etribution- Enter		ontity	number and percentag					aid to each die	strict. Note: Percentages
Kelifibursement Di	Stribution- Linter	i tile legal	Citally			budget		iisement to be p	aid to each dis	sinci. Note. Percentages
Legal Entity		Legal	Entity			Legal E	ntity		Legal Enti	ty
0861			08	362						
0/ -0.00		0.4				٥,			٥,	
% 50.00		%	50.	.00		%			%	
PASSENGER INFO	JRIVIATION			ELEMENTARY RIDI	ERS		HI	GH SCHOOL RI	DERS	TOTAL
Number of Prescho	ool/Kindergarter	n pupils		(Grades PK-8)				(Grades 9-12	2)	ELIGIBLE RIDERS
riding this route										
				а				b		С
L Regular (include eligit	olo Proschool/King	dergarten		NUMBER				NUMBER		a + b
riders)	Die Freschool/Kille	dergarten								
1st Wheelchair (WC)										
2nd Wheelchair (WC)										
Additional Wheelchair	rs (WC)									
Non-WC IEP Lists Tra	ans as Related Se	ervice								
TOTAL ELIGIBLE	RIDERS									
Ineligible Public Scho										
miles OR nonresident agreement)	and no attendand	ce								
(Include ineligible Pre Nonpublic School Rid		ten riders)								
Nonpublic School Rid	ers (meligible)									
TOTAL RIDERS										
We hereby certify t	that this bus will o	perate entire	elv on	the route established by th	e Boa	ard of Tru	stees and wi	thin the transporta	tion area assion	ed and approved by the
County Transportation	n Committee. We	further cert	ify that	this bus transports pupils	eligib	le for sch	ool transporta	ation as defined by	20-10-101, MC	A.
				he State Superintendent; to standards as established by						
				approved driver to operate approved driver to solicit students from (20-10-103, MCA.		
We understand that								ent cause for withh	olding of state a	nd county reimbursement for
								e agreement betw	een Boards, 20-	10-126(2) MCA, signed by
				e county superintendent's of hool year require the filing				and approval of the	County Transo	ortation Committee in
accordance with 20-1	0-132, MCA.									
				ol bus and state reimbunin the transportation se						edge and belief, and the
Signature - Chair, Boa		oved by al	ia Will	mi uio uarisportation st	oi vict	c uica d	ooigi ica by	and County IIdii	Date	minuco.
				mmittee Approval as						
This Application for area assigned to it					t has	been re	viewed and	I certify that this	s bus operates	s within the transportation
Signature - Chair, Co.									Date	
									1	